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Intellectual Property Law

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FAX: (703) 872-9306

Application No.: 09/489,600

Filing Date: January 20, 2000

Inventor: Getsin et al.

Art Unit: 2154

Examiner: Nguyen, Dustin

From: Steven M. Freeland, Reg. No. 42,555

Today's Date: May 2, 2005

Attorney Docket No.: 68622/7236

Pages: 10 pages (including this 1-page coversheet)

Dispatched by: Leticia M. Hillary

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Transmitted herewith for filing via facsimile:

Transmittal Form (1 pg.);

Fee Transmittal (1 pg.);

Amendment "F" (6 pgs.);

Terminal Disclaimer (1 pg.);

Fax coversheet (1 pg.)

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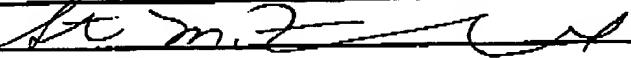
Total Number of Pages in This Submission

Application Number	09/489,600
Filing Date	January 20, 2000
First Named Inventor	Getsin
Art Unit	2154
Examiner Name	Nguyen, Dustin
Attorney Docket Number	68622/7236

10

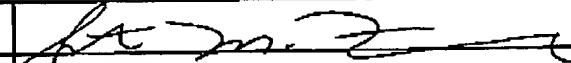
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pgs.) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (1 pg.) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Fax Cover Sheet (1 pg.)
Remarks		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fitch, Even, Tabin & Flannery		
Signature			
Printed name	Steven M. Freeland		
Date	May 2, 2005	Reg. No.	42,555

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Steven M. Freeland
Date	May 2, 2005

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Effective on 12/08/2004. <small>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete if Known	
FEE TRANSMITTAL FOR FY 2005 <small>Express Mail Label No.</small>		Application Number	09/489,600
		Filing Date	January 20, 2000
		First Named Inventor	Getsin
		Examiner Name	Nguyen, Dustin
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2154
TOTAL AMOUNT OF PAYMENT (\$85)		Attorney Docket No.	88622/7238

METHOD OF PAYMENT (Check all that apply)

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 Deposit Account Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabin & Flannery
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION
1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity Fee (\$)
				Fee (\$)	Fee Paid (\$)	
-20 or HP =	X	=	_____	_____	_____	50 25
HP = highest number of total claims paid for, if greater than 20						200 100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	360 180
- 3 or HP =	X	=	_____	_____	_____	
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity).
 For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
-100=	/50=	(round up to a whole number) X	_____	= _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other: Statutory Disclaimer (Fee Code: 1814/2814, 37 CFR 1.20(d))

65.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Steven M. Freeland
Registration No. (Attorney/Agent)	42,555
Telephone	(858)552-1311
Date	May 2, 2005

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450.
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